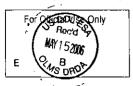
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6967	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Daniel T Carroll	Name SMWIA Local 16		
	Labor Organization File Number 035-340		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5125 SE Roethe RO	Street 2377 NE 178th Suite 16		
City Milway Kie	City Potland		
State OR ZIP Code + 4 97267	State OR ZIP Code + 4 97 230 - 59		
5. Position in labor organization. Union Trustee.	·		
A. Held an interest in, engaged in transactions (including loans) with, or	lusions set forth in the Instructions): r derived income or other economic benefit of		
monetary value from an employer whose employees your organizat	tion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sig	inature		
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, contect, and complete. (See the s	nying documents), has been examined by the signatory and is, to the best of the		
Signed mid me	on 5-12-06 503-257-102Z		
	Date Telephone Number		

Name of Person Filing Tamie (ano)	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Emplayer	
Street		
City State ZIP Code ÷ 4		
State Zir Clade / 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sheet Metal Workers Lucal Ho Busines Trust	11.a. Nature of such dealing. International Foundation This tee Trubuly	
	Town of Journal of the Control of	
Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street PO Box 4/49		
City Fortland Et	 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 	
State <i>OR</i> ZIP Code + 4 97 209	Hatture of interest held of income received. Hatture Rain bursement for Expenses to Training Session	
	12.b. Amount. B68.56	
C. Received from any employer (other than an employer covered unde	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	x mas Party Linner	
Name SMACDA		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street 4380 5W Macadams Suite 950	D	
Street 4380 36 Macadams gute 830		
State OP ZIP Code + 4 9720/		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

ZIP Cage + 4

or Consultant

13.b. Is the Business an Employer

City

State

ZIF Code + 4

or Consultant

?

13.b. Is the Business an Employer

Street

City

State

Name of Person Filing Amie (File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherworf an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or factly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street ,	. C. Employei
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name International Training Institute	TAB Contitucation Test
Trade Name, if any: for the Sheet netal Industry	
P.O. Box, Bldg., Room No., if any	
Street 601 N Fairfax Sto Suite 240	
City Alexandria	11.b. Approximate dollar value of such dealing. 397.7.7. 12.a. Nature of interest held or income received.
State Unglula ZIP Code + 4 22314	Consulting 300
Crigina .	Consulting 300 Per diem 75
	Travel 16.77
	12.b. Amount. 31/, 77
	The state of the s
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	1. //
P.O. Box, Bldg., Room No., if any	M/H
Street V / I	
City	l
State ZIP Code + 4	,
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

	· · · · · · · · · · · · · · · · · · ·
Name of Person Filing Ame (File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or ifectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a Labor Cympiantion
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	
Street	c. Employer
City	
State ZIP Code ÷ 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name International Training Institute	TAB Cortification Test
Trade Name, if any: for the Sheet netal Industry]. H
P.O. Box, Bldg., Room No., if any	
Street GOI N Fairfax Sto Suite 240	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street 60/ N Fairfax Sto Suite 240.	11.b. Approximate dollar value of such dealing. 1277.12 12.a. Nature of interest held or income received.
State Unglula ZIP Code + 4 22314	Consulting 900 For diem 225 Travel 152,12
	12.b. Amount. 1277.12
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	$\frac{1}{\sqrt{n}}$
Street	W/H
City	
State ZIP Code + 4	
	14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing and (File Number U-
B. Held an interest in or derived income or economic benefit with monetary valusubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Buşiness deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City State ZIF Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute	11.a. Nature of such dealing. THE Confit Eacathon Test
Name International Training Institute Trade Name, if any: for the Sheet metal Industry	
P.O. Box, Bldg., Room No., if any	
Street 601 N Fairfax Str Suite 240	11.b. Approximate dollar value of such dealing. 392.89
State Unglula ZIP Code + 4 22314	12.a. Nature of interest held or income received.
State Unglula ZIP Code + 4 22319	Par diem 75
	Travel 17.89
	12.b. Amount. 342.99
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	/
Trade Name, if any:	1//
P.O. Box, Bldg., Room No., if any	1 / / H
Street	
City	
State ZIP Code + 4	

13.b. Is the Business an Employer

or Consultant

Name of Person Filing Ame / Cano (1	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with a. Labor Organization b. Trust c. Employer
State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute Trade Name, if any: for the Sheethictal Incluste P.O. Box, Bldg., Room No., if any Street 601 N Fairfax Ita Suite 240 City Alexandria State Urglula ZIP Code + 4 22314	11.a. Nature of such dealing. TAB Conference 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 11.b. Approximate dollar value of such dealing. 12.c. Nature of interest held or income received. 11.c. Nature of interest held or income received.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	12.b. Amount. <u>#25 (/28, 0)</u> er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

State

Name of Person Filing Ame (File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included in the consists of buying from or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business very seeking to represent, or lifectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any			
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name International Training Institute	Sorvice Instructor Training		
Trade Name, if any: for the Sheet-metal Inclusti			
P.O. Box, Bldg., Room No., if any	•		
Street 601 N Fallfor to Suite 240			
Street 60/ N Fairfax Sto Suite 240 City Alexandria	11.b. Approximate dollar value of such dealing. 4666.59		
State Unglyda ZIP Code + 4 22314	12.a. Nature of interest held or income received.		
State Ungluda ZIP Code + 4 22 314	Consulting 2700 lodging 1363,59		
	1: 1045,19		
	Par Dia 400		
	[Travel		
	12.b. Amount. 466659		
C. Received from any employer (other than an employer covered und	der parts A and B above)		
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	11/2		
P.O. Box, Bldg., Room No., if any	W/A		
Street			
City	(

?

or Consultant

13.b. Is the Business an Employer

	<u> </u>
Name of Person Filing Surie Carro (File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business orly seeking to represent, or ifectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute	
Trade Name, if any: for the Sheet hickal Industry	
P.O. Box, Bldg., Room No., if any	
Street 601 N Fairfax Sto Suite 240.	11.b. Approximate dollar value of such dealing. 443
City Hexandria	12.a. Nature of interest held or income received.
State Urg/nla ZIP Code + 4 223/4	240 Per Vien 203 Travel
	12.b. Amount. 443
C. Received from any employer (other than an employer covered und	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name /	,
Trade Name, if any:	$\Lambda //\Lambda$
P.O. Box, Bidg., Room No., if any	10/17
Street	
City	
State ZIP Code + 4	

13.b. Is the Business an Employer

or Consultant

?

·					
Name of Person Filing		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or difectly to, or otherwise	s			
8. Name and address of Business (including trade name, if any).	9. Buşiness deals with:				
Name	- Labor Opposite				
Trade Name, if any:	b. Trust	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street	C. Employer				
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute Trade Name, if any: for the Sheet metal Industry		lech Tradain	g		
P.O. Box. Bldg., Room No., if any	1				
Street GOI N Fairfax Sto Suite 240		.	· · · · · · · · · · · · · · · · · · ·		
City Have a die	11.b. Approximate dollar va		525		
Street 60/ No Fairfax Sto Suite 240 City Alexandria State Unglish ZIP Code + 4 22314	Per Diem 2	40	, , , w		
	Per Diem 2 Travel 2	95			
	12.b. Amount.		525-		
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mon	der parts A and B above) ey or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name		//			
Trade Name, if any: P.O. Box, Bidg., Room No., if any	1 N	//A			
Street		/ / /			
City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>*</i>			
State ZIP Code + 4					

13.b. Is the Business an Employer

or Consultant